

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER	
SAMUEL MENDEZ Cy-7322		05-35-ERIE
DEFENDANT	TYPE OF PROCESS	
Dr. Conrad Fraider		424.s.c 3 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE	CONRAD FRAIDER	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
5451 Peach st. Erie Pa. 16509		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
SAMUEL MENDEZ Cy7322		
S.R.C.F 801 BUTLER Pike LMERCER, Pa. 16137		
Number of parties to be served in this case		4
Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DR. CONRAD Fraider Telephone Number 504-7008
(814) 866-3986

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<u>Samuel Mendez</u>	<input type="checkbox"/> DEFENDANT	N/A	10-12-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>68</u>	District to Serve No. <u>68</u>	Signature of Authorized USMS Deputy or Clerk <u>SB</u>	Date <u>10/12/05</u> / <u>10/12/05</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
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Address (complete only different than shown above)	Date <u>10/13/06</u>	Time <u>10</u>	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <u>SB</u>		

Service Fee <u>46.00</u>	Total Mileage Charges including endeavors) 	Forwarding Fee <u>802</u>	Total Charges <u>48.00</u>	Advance Deposits 	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>8418.00</u>
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REMARKS: TO ERIE 10-18-05

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED